South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715



WCC File #:

Carrier File #:

Carrier Code #:

803-737-5765				Employer	FEIN #:	
Claimant's Name:		SSN:	Employer's Name:			
Address:			Address:			
City:	State:	Zip:	City:		State:	Zip:
Home Phone: _	Work Phone:		Insurance Carrier:			
Preparer's Name:		Law Firm:		Preparer's Phone #:		
HEARING POSTPONED						
Employee						
Employer						
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Carrier						
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Attorneys						
Other Parties						
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TO THE PARTIES A	DDDECCED.					
		stated case is postpoped				
You are hereby notified that hearing on the above-stated case is postponed. When the case has been reassigned for hearing, the interested parties will be duly advised of the date.						
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		SC	OUTH CAROLINA WORK	KERS' COMPENSATION	N COMMISSION	I
		By				

Code numbers furnished each employer and carrier should be inserted before mailing. Refer to Docket File No. in all correspondence about this injury.